

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706457

**FILED**  
**Apr 26, 2021**  
**Secretary of State**  
**1922536355CC**

**Entity Name:** SOROSIS CLUB OF ORANGE CITY FLORIDA, INC.

**Current Principal Place of Business:**

222 EAST UNIVERSITY AVENUE  
ORANGE CITY, FL 32763

**Current Mailing Address:**

222 EAST UNIVERSITY AVENUE  
ORANGE CITY, FL 32763 US

**FEI Number:** 59-6165113

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MASSEY, ELLEE M  
616 W PATLIN AVE  
ORANGE CITY, FL 32763 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FOWLER, MICHELLE P  
Address        1595 BROWN AVENUE  
City-State-Zip: ORANGE CITY FL 32763

Title            T  
Name            MASSEY, ELLEE  
Address        616 W PATLIN AVE  
City-State-Zip: ORANGE CITY FL 32763

Title            3 RD VP  
Name            SOYAK, MARY 3 RD VP  
Address        924 WEST FRENCH AVENUE  
City-State-Zip: ORANGE CITY FL 32763

Title            1 ST VP  
Name            SCHROEDER, MARY 1 ST VP  
Address        410 WEST HOLLY DRIVE  
City-State-Zip: ORANGE CITY FL 32763

Title            2 ND VP  
Name            CRENSHAW, RENEE 2 ND VP  
Address        101 NORTH AMELIA AVENUE  
City-State-Zip: DELAND FL 32724

Title            RS  
Name            MC FADDEN, KRYSTLE RS  
Address        1351 BELMAR TERRACE  
City-State-Zip: DELTONA FL 32725

Title            HH CHAIRMAN  
Name            RILEY, BETH HH CHAIRMAN  
Address        421 PATLIN AVENUE  
City-State-Zip: ORANGE CITY FL 32763

Title            CS  
Name            CAMPBELL, JOY CS  
Address        1292 3RD STREET  
City-State-Zip: ORANGE CITY FL 32763

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELLEE M. MASSEY

**TREASURER**

**04/26/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date